Community Support for Disabled Refugees

Established in 1951 to provide international protection for refugees and to seek lasting solutions to their problems, the United Nations High Commissioner for Refugees (UNHCR) has always been committed to enabling disabled refugees to play an active part in the social and economic life of their communities. UNHCR has been developing an important new approach in this field: the agency designs projects at the country level and assesses the needs of particular communities in order to provide specialized treatment based on these needs. More than 15 such projects are now in operation throughout the world. One of the largest of these UNHCR programmes is in Pakistan. Run primarily by the Pakistani Red Crescent Society (PRCS) in the North-West Frontier Province, its aim is to identify and provide treatment to disabled people in the 250 Afghan refugee villages scattered throughout the region.

From the number of people who crowd into the PRCS rehabilitation centre, it is obvious that a great need is being met. "Many of the children I see have contracted polio," explains a physiotherapist working on the project. She pauses to help Zarsanga, a 10-year-old girl who is making her way across the room on crutches. "The problem is to work with them while they are young. The longer they go without walking, the harder it is for them to start."

Workers involved in the PRCS project now realize that it has uncovered an enormous—and hidden—human resource. "We know that relatively few of the disabled women and children are coming forward for treatment," says a UNHCR social services officer. "We also know that one mobile team is inadequate, that there is not enough money to provide all the special aids which are needed." It is evident that more vocational training projects are required for proper rehabilitation to enable disabled refugees to find employment.

The project works in a relatively simple way. A mobile PRCS team—a doctor, two nurses and a social worker—spend half their time on the road, systematically visiting the Basic Health Units (BHUs) which have been established in the Afghan villages. The team screens disabled refugees and refers those who need treatment to the PRCS rehabilitation centre in Peshawar.

"The refugees usually arrive with at least one relative, and they stay at the centre for up to two weeks," explains the physiotherapist. "All their travel and residential expenses are paid."

Though still in its infancy, the project is developing in several key directions. Medical workers in the BHUs are being encouraged to refer people directly to the centre, and a scheme is under way to train and employ refugees who can work with the disabled in their own communities.

UNHCR uses a similar community-based approach at Tongogara camp in Zimbabwe, the largest of the Zimbabwean refugee camps. Home to over 30,000 Mozambican refugees, it is situated on flat ground, with the huts neatly laid out in a grid system.

On the initiative of the local rehabilitation officer, a team of "scouts" has been set up to work specifically with disabled and mobility-impaired people of all ages. Many of them are themselves disabled or are elderly members of their families. Each is responsible for a small sector of the camp. Their role is to seek out people who need rehabilitation and refer them for treatment. They also make follow-up visits and give support to the families.

The scouts help with physiotherapy exercises, teach basic hygiene and health care and encourage families to assist those with disabilities. Because it

UNITED NATIONS

This article is reprinted from the new United Nations publication entitled *The United Nations Decade of Disabled Persons: A Decade of Accomplishment (1983—1992).*

can take months to see any improvement, it is essential for the scouts to train and encourage the families, given the limited time the rehabilitation officer has to spend on each person.

Nyangombe camp, also in Zimbabwe, accommodates around 18,000 Mozambican refugees. It is situated in a hilly and semi-arid region of rocky red earth and baobab trees. The huts nestle up and around the side of a large hill, so that it is a steep 40-minute walk to the farthest side of the camp. The ground is rough with boulders and pitted with gulleys. For people with mobility impairments, the landscape poses a major obstacle to reaching the clinic and the food distribution points, which are all situated at the bottom of the hill.

Masiti D., who is over 50, is being treated for leprosy, which has caused a loss of feeling in his feet. He does not notice the deep cuts he gets from walking around the camp barefoot on the sharp stones. Until six months ago, Masiti D. would have waited all morning at the camp clinic to be given some aspirin and a bandage by the clinic staff. Now a voluntary agency rehabilitation officer is working alongside the medical staff. His training enables him to give people the specialized individual attention they need.

"It's no good just treating the cuts on Masiti D.'s foot every time he comes in," the rehabilitation officer says. "What we aim to do is to make sure that he has the information and the support he needs to prevent him from injuring himself again. I've explained how he can avoid infection if he cuts himself, and some of the elderly men are making him a pair of sandals from old tyres to protect his feet."

The rehabilitation officer's tools are simple but effective. Most of them are improvised and made of materials available in the camp: sandals are made from worn-out tyres; wheels for a wheelchair are cut from the solid rubber of thick lorry tyres; a couple of poles are set up, for a child with polio, as parallel bars to help him learn to walk. Making these disability aids provides an occupation for a number of elderly men and women in the camp who would otherwise have very little to do.

Another example of UNHCR's work with disabled refugees is at Site 2, a camp on the Thai/Cambodian border accommodating about 140,000 people. Despite its peaceful facade, it is a troubled community.

Most of the Cambodian children at Site 2 have been traumatized by war. As a result, many have physical and mental disabilities. To serve these children, in 1990, the International Rescue Committee introduced special schools for disabled children aged five years and over, and infant stimulation centres for babies and younger children.

The long-term goal of this programme is to help the Cambodians develop the expertise needed to establish their own rehabilitation and special education services when they eventually return home. Within Cambodia, disabled people have traditionally been cared for at home and, to a large extent, kept out of sight.

Recently, the programme has been placing greater emphasis on teaching practical marketable skills to disabled refugees, such as operating a roadside stand, a restaurant or a sewing business. A special effort is being made to place disabled people in the regular jobs and training placements available in the camp. Soon, a group of disabled students will be running a new restaurant. The experience they gain will be invaluable once they return to Cambodia, not only for them but for other disabled Cambodians who can learn from their example.

Vaccination programmes are being re-examined to maximize the immunization coverage of disabling diseases, such as polio. In collaboration with the World Health Organization, UNHCR is drawing up practical and culturally sensitive guidelines for the treatment and prevention of mental health problems.

No one knows how many of the world's 17 million refugees suffer from physical or mental disabilities. Relatively little research has been done into their particular needs and capacities, and the international community has been slow to provide them with the special assistance they require. In a very real sense, disabled refugees are doubly disadvantaged. Many of the world's uprooted people come from communities which have been ravaged by war and violent conflict. Basic medical facilities have often been destroyed there, while preventive health

care services have ceased to function.

UNHCR works with disabled refugees to find solutions to their problems. By providing physical and psychological care, rehabilitation and job training, the agency fosters independence and enables disabled refugees to play fulfilling roles in their communities.

Published by the United Nations Department of Public Information
DPI/1270—August 1992—5M